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Bib Data Sheet

CONFIRMATION NO. 9409

SERIAL NUMBER 10/775,447	FILING DATE 02/10/2004  RULE	CLASS 362	GROUP ART UNIT 2875	ATTORNEY DOCKET NO. 570056.90041
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## APPLICANTS

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CTZ

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/355,423 01/30/2003 ABN

CTZ

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/06/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 7	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Examiner's Signature <i>[Signature]</i>	Initials <i>CTZ</i>		
Verified and Acknowledged				

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## TITLE

Illuminated protective headgear

FILING FEE  RECEIVED 719	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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